



# DEPARTMENT GENERAL SERVICE

## Protective Services Division



### PSD – Special Event Memorandum

**TO:** Anthony Fortune, Associate Director  
DGS, Protective Services Division

**FROM:** XXXXXXXXXXXXXXXXXXXX

**AUTHORIZED REQUESTOR SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SUBJECT:** Request for Security Detail

☐ NEW      ☐ REVISE      ☐ CANCELLATION  
☐ PERMANENT   ☐ LONG TERM   ☒ TEMPORARY

| Required Information  |  |
|---|--|
| Name of Requesting Authorizing Official:  |  |
| Requesting Agency or Organization:  |  |
| Onsite Agency Office:   |  |
| Onsite Official Contact information:  |  |
| Service/Event Location:   |  |
| Service/Event Start Date:   |  |
| Facility Operational Hours:   |  |
| Reason for Security or New Post, Concerns and risks at the site:  |  |
| Service/Event/Activity Operational Hours:   |  |
| Number of Attendees expected at Facility/Event/Activity:  |  |
| Hours of Requested Security Coverage:   |  |
| Number/Type of Security Officer Requested:  |  |
| Required Scope of Duties:   |  |
| Date and time to meet at site to discuss security (must be at least seven (7) business days prior to requested date(s)) |  |

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